

Case Number:	CM15-0001052		
Date Assigned:	01/12/2015	Date of Injury:	03/27/1978
Decision Date:	03/04/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 61 year old male who sustained a work related injury on 3/27/78. Previous treatment has included medications, chiropractic, physical therapy, massage, psychotherapy, epidural injections, pain management, surgical consults, neurological consults, and acupuncture. Diagnoses include neck pain, low back pain, depression, anxiety, multilevel degenerative disc disease and disc bulging in the cervical and lumbar spine, carpal tunnel syndrome, neuralgia, neuritis, and radiculitis. Physical therapy progress note dated 10/29/14 notes an overall improvement of pain symptoms and a 75% decrease in paraspinal muscle spasm. The office note of the treating chiropractor dated 12/22/14 notes a problem list of neck, shoulders, mid back, and low back pain. Neck disability score is 68% and Lumbar Oswestry score is 74%. UR decision 12/30/14 dated non-certified chiropractic with massage therapy 1 time a week for 2 weeks noting a lack of recommended physical rehabilitative treatment and no apparent goals of such treatment documented.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic care with massage therapy for the cervical spine, 1 time a week for 2 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines- Regional Neck Pain Official Disability Guidelines (ODG) 12th edition (web) 2014, Neck and Upper Back Chapter, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, manipulation.

Decision rationale: MTUS Chronic pain guidelines note that manipulation is recommended as an option with a total number of visits up to 18. Elective/maintenance care is not considered medically necessary. The guidelines also note that massage therapy should be limited to 4-6 visits. MTUS is not as clear in regard to cervical manipulation so ODG was utilized. ODG notes that for regional neck pain 9 visits over 8 weeks. Based on the medical presented it is not clear the exact quantity of visits previously rendered but based on the physician reports this treatment has been ongoing for years if not decades. Therefore based on the request exceeding the MTUS guidelines and being considered maintenance care the request is not medically necessary.